DOCUMENT RESUME

ED 065 812 CG 007 404

AUTHOR Gluckstern, Norma B.
TITLE Parents as Lay Counselors: The Development of a Systematic Community Program for Drug Counseling.
PUB DATE 72
NOTE 37p.

EDRS PRICE MF-$0.65 HC-$3.29
DESCRIPTORS Citizen Participation; *Community Programs; *Counseling; Counseling Effectiveness; Counseling Goals; *Counselors; *Drug Education; Helping Relationship; Instructional Programs; *Microcounseling; Paraprofessional School Personnel; Parent Counseling; *Parent Participation; Training

ABSTRACT

The purpose of this study was to determine whether or not short-term training (60 hours) could produce paraprofessional counselors, competent in counseling skills, who would work effectively in their home-community on drug related problems. Three distinct areas of concern were evaluated: the effect of the program on the trainees with regard to drug knowledge and attitudes, the effect of the training upon the trainees with regard to counseling skills acquisition, and the role the trainees played in the community seven months after training. The results of the study indicated that the trainees did in fact learn the skills taught and did maintain them over a period of time, but the community effectiveness was a far more difficult thing to achieve. (Author)

ED 065812

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY

CHAPTER IV

PARENTS AS LAY COUNSELORS: THE DEVELOPMENT OF A SYSTEMATIC COMMUNITY PROGRAM FOR DRUG COUNSELING

ABSTRACT

The purpose of this study was to determine whether or not short-term training (60 hours) could produce paraprofessional counselors, competent in counseling skills, who would work effectively in their home-community on drug related problems. Three distinct areas of concern were evaluated: the effect of the program on the trainees with regard to drug knowledge and attitudes, the effect of the training upon the trainees with regard to counseling skills acquisition, and the role the trainees played in the community seven months after training. The results of the study indicated that the trainees did in fact learn the skills taught and did maintain them over a period of time, but the community effectiveness was a far more difficult thing to achieve.

CG 007 404

This work is part of the thesis submitted by Norma B. Gluckstern for the Ed.D. degree under the supervision of Allen E. Ivey at the University of Massachusetts, Amherst, Massachusetts. It represents an attempt to present a publishable article as an outcome of the project.

The "third revolution" in mental health may well have its roots in the following statement: "What this country needs is a good five dollar therapist." Since Redlich's remark in 1958, we have seen the development of a number of non-traditional programs focusing upon the delivery of better mental health services. Many of these programs center upon the use of paraprofessionals as lay counselors--perhaps the answer to the "five dollar therapist."

The purpose of this paper is to describe an action research--non-traditional--program to train volunteers to work in the community as lay-counselors to parents whose children have drug problems. The program was designed around three main purposes: 1) to develop a workable, short-term training program of parents as peer counselors; 2) to test the effectiveness of this program to produce individuals with measurable counseling skills; and 3) to examine how effectively the lay counselors are utilized by their home community.

There is increasing evidence in the literature that lay personnel can be trained as counselors. Rioch et al. (1965) provided early evidence on the effectiveness of training paraprofessionals as treatment agents. Important in the Rioch program was a carefully designed two year training design which included seminars, individual and group supervision, listening to their own tapes and observing their

supervisors in psychotherapy interviews. A three year follow-up study by Magoon, Golann and Freeman (1969) provided evidence of the trainee's success as a treatment agent. Other studies (Guerney 1964, Stollak 1965, Harvey 1964) have followed similar designs with similar results. However, interest in shorter-term training programs has increased as an awareness has developed that many "nonprofessional" programs turn out to be traditional professional education in disguise (Cowen, 1967).

Instructional programs such as those of Rioch et al. may be compared with the work of Carkhuff and Truax (1967) who present evidence that counselors can be trained in a shorter period of time. Carkhuff and Truax, in an integrated didactic and experiential approach, found that, using appropriate training, it is possible to obtain high-level-functioning nonprofessionals in approximately 100 hours time. Further, Poser's study (1966), which utilized untrained undergraduate students working with psychotic patients, compared the efficacy of trained and untrained therapists. The untrained therapists achieved slightly better results than the psychiatrists and psychiatric social workers. Caution is urged in extending these studies to every situation; however, their successes suggest the possibilities for decreasing training demands in the production of successful helping agents.

Although the short-term style of training of Carkhuff and Truax has proven successful, the skills they work with are of such a global nature that they are not as fully articulated as might be desired. As a result, new innovations in training programs which identify particular behavioral skills that facilitate the "core conditions" have been evolving. The video based training system termed micro-counseling (Ivey, 1971) has provided a more detailed and systematic method to teach interviewers facilitative behaviors and was utilized in this study. The emphasis in microcounseling is on the teaching of individual skills of interviewing with a carefully programmed format of written manuals, trainee viewing of video models, and self-observation. Microcounseling techniques have proven successful with a variety of professionals and lay personnel, among them school counselors (Ivey, et al., 1968; Kelley, 1971), paraprofessionals (Haase, DiMattia, and Guttmann, 1970), medical students (Moreland, 1971), teacher trainees (Rollin, 1970), and psychiatric patients (Ivey, 1972).

However, even effective skills training is not sufficient to ensure that a lay-counselor will be utilized in the community (Biddle and Biddle, 1969). Golann, et al. (1969) have concluded in their evaluation of paraprofessional mental health counselors that "the greatest determinant of future activity in this direction will be the capacity of the

mental health professional and their educators to overcome traditional attitudinal sets." The question thus is how can one create a supportive atmosphere so that lay helping personnel are actually given an opportunity to test their skills. The ability of the trainee involved in innovation to face challenges while on the job may be the determining factor in the viability and continuation of non-institutional non-traditional programs.

In summary, if one is to join the revolution in mental health, one must be willing to experiment with new approaches to find a model for training effective volunteers. A vital aspect of a new approach is a commitment to new forms of mental health workers, among them, as in this study, the use of parents as peer counselors. Another aspect is a training program with demonstrated effectiveness. And finally, it is necessary to examine how these trainees are actually used in the community. The major hypothesis of this study was that a short training program (60 hours) could indeed transform inexperienced parents into effective counselors who would be used in their own community.

A Training Design for Paraprofessional Mental Health Workers

The training model, an integrated approach, used a variety of techniques organized into three phases: 1) structured encounter; 2) structured didactic-experiential training

in counseling and interviewing skills; and 3) community development. The basic design appeared to provide for pre-service and in-service support dimensions identified by most people in the field as necessary conditions of training para-professionals (Chesler, 1971). In addition, the model provided a conceptual framework which allowed the trainees to learn about themselves (Carkhuff, 1971), to acquire basic behavioral skills (Ivey, 1971) and to survive in the community (Magoon, Golann and Freeman, 1969). (See Figure I for a presentation of the training design.)

- - - - - - - -

INSERT FIGURE I ABOUT HERE

- - - - - - - -

The first phase of the program was a 20-hour structured encounter experience designed to "unfreeze" the volunteers and thereby facilitate openness and self-disclosure during later parts of the training program. The encounter followed a micro-lab design and utilized such exercises as the "fish-bowl" method to explore questions of drugs and values, a consensus exercise in setting up a new drug program for the community, TORI exercises (Gibb, 1969), plus some unstructured group experience with group processing.

A 40-hour drug information and counseling skill phase followed in four intensive weekend experiences. As an example, the first weekend focused on the trainee's role as a

counselor through role definition exercises designed for this program and a discussion of the attitudes of the trainees toward drugs as stimulated by an audiotape of an individual experienced in drugs. This session also introduced the basic counseling skill of attending behavior, which is the basic listening skill as taught in the microcounseling model.

Later training sessions focused on other counseling skills (e.g. open questions, reflection of feeling, decision making), drug information, confidentiality, and "professional issues" such as referral and relationships with one another as a team. A peer sharing process was developed in which the trainees learned to supervise each other's counseling tapes.

The third phase of training was oriented to community development. A crucial period for the paraprofessional is the first few months after training is completed . . . will he be used by his home community? In order to provide a mechanism for the trainees to deal with community problems and issues and to aid them in acquiring community organization skills, the volunteers met with the trainers once a month over a period of five months. During these meetings, training was centered around the model proposed by Sower (1957) which, although focused on single actions, provided a vehicle for the trainees to diagnose and to cope with difficulties they were facing during the early phases of implementing their program. Strategies for handling large group

meetings, public speaking skills, and the development of action alternatives were other issues worked with in community development sessions. During this period, it was noted that the trainees continued to provide constant self-supervision in counseling skills as they listened to one another's tapes in their peer "support groups."

The three components of the training design (encounter to open the group to a new experience, skill training to provide competence, and community organization to instill follow-through and insure action) were seen as distinct, yet vitally interrelated components of a working community action program.

Evaluation, Design and Procedures

Subjects

The subjects of this action research project were 14 persons (4 male and 10 female) selected from an original group of 27 volunteer applicants by the staff of the Springfield Human Development Center, a private consulting firm. Selection procedures were based on informal conversations with the staff members of SHDC, observations during group screening procedures, and responses on the applications completed by each of the trainees. The "typical" volunteer had completed two years of college, was married, had two children, and was either a housewife or a professional person.

Community

The community in which the study was completed is an upper-middle class residential suburb which is seen as an area of permanent, rather than transient, residence. Despite the economic success of the community and extensive recreational and educational opportunities, drugs have been perceived as a major problem. The volunteers hoped to involve themselves in a direct community action effort to improve the relationships between the parents and the children in the community with regard to drugs and the attendant family tension which arises from this issue; and to bring to this area a more realistic and productive interchange within the family through their role as community aids or community counselors.

Action Research Design

The design of this study involved the examination of three main areas of concern: 1) knowledge of and attitudes toward drugs; 2) skills in counseling; and 3) community effectiveness. The basic research design is presented in diagram form in Figure I which also outlines the systematic training program. It should be noted that a decision was made to conduct pre-testing sessions after the structured encounter session because the primary focus of counseling skill evaluation rested on the 40-hour didactic-experiential training. If pre-testing had preceeded the structured

encounter, it would not be possible to separate the effects of encounter and the didactic-experiential training on counseling skills. Further, it was felt by the trainers involved in the program that testing before the encounter might create too much anxiety and resentment among the trainees. In this case, optimum testing time for both research and for the trainees was believed to be after the encounter.

Immediate post-testing followed the training program on drug knowledge and attitudes and counseling skills. Seven months after the initial training program, drug and counseling measures were again taken. At this time, an inventory was taken of community utilization of the parent trainees.

Instrumentation and Scoring Variables

Knowledge of Drugs. The Temple University Drug Questionnaire was administered. In addition, a semantic differential test, specifically constructed for this study, was used to evaluate the trainees' attitudes toward drugs before and after the training program.

Counseling Skills. Before training began, twenty minute sessions were videotaped in which volunteers were directed to interview a volunteer client "on his attitudes and feelings about drugs." The client was told that he was to be interviewed "on his attitudes and feelings about drugs." The same procedure was repeated immediately following the

training and seven months later in the follow-up study.

Five minute segments from each of the three tapes made by each trainee were randomly presented to, and rated by, two graduate students who utilized the Ivey Taxonomy of Interview and Group Behaviors (IT) (Ivey, 1971). The IT is divided into two major categories corresponding to microcounseling training skills. Each client and counselor was rated on all categories of the IT by the two raters. The percent of inter-rater agreement on the randomly arranged and presented video-tapes for the two raters ranged from 80.7% to 92.2% for the mean values of each subcategory. Their total percent of agreement for 2102 ratings was 86.8%. In addition, the Counselor Effectiveness Scale (CES) (Ivey, et al., 1971) was administered to both the trainee and client immediately following the first interview before training, immediately after training, and at the seven month follow-up. This semantic differential scale (reliability .975) is designed to assess the opinions of the rater toward the interview just completed. An interviewer behavior scale was designed for this study to allow the client and counselor to rate specific behaviors which would be taught as part of the interviewing process. The scale was a seven point scale identifying eleven verbal and nonverbal behaviors.

Community Effectiveness. The utilization of counselors in the community was evaluated through a series of

questionnaires developed for this study: 1) the attitudes and expectations of the trainees at the start of the program were compared with the results of an identical questionnaire given seven months later to examine changes in role perception; 2) the trainees were asked to report on what they had actually done during the seven-month period; and 3) all members of the parent funding agency (N=22) were individually interviewed to ascertain their attitudes toward the program and its effectiveness in the community.

Results

Table I presents data on the paraprofessional trainees' scores on the Drug Questionnaire and their attitudes toward drugs. The trainees demonstrated significantly improved knowledge concerning drugs and maintained that improvement over the seven-month delay period. Surprisingly, the trainees' attitudes toward drugs, as measured on the semantic differential scale, did not change. In both trend analyses, significant differences in subjects were found.

- - - - - - - - -

INSERT TABLE I ABOUT HERE

- - - - - - - - -

Counselor verbal responses pre, post, and delay are presented in Table II. Significant differences indicating increased counselor focus on the client and less focus on

topics (e.g. drugs, children, material external to the client) may be observed. Immediately after training, the counselor focused his leads less on himself as a person, but in the delay period, he used himself as a central focus more often.

INSERT TABLE II ABOUT HERE

Analysis of microcounseling skills via the IT reveals that, after training, there was less emphasis on "closed information questions" and more emphasis on "closed feeling questions." The number of reflections of feeling increased significantly. No significant differences appeared on skills which were not taught during the training sessions.

Perhaps the most important data on counseling skills is the effect the counselor had on his client's participation in the interview. Table III reveals that the client focused significantly more on himself and less on external topics. Further, his verbalizations were categorized as being more feeling oriented. The data appears to indicate that counselors who focus on the client cause the client to reflect more on himself. Further, when counselors give leads oriented to feelings, the client responds with his emotional experience.

- - - - - - - - -

INSERT TABLE III ABOUT HERE

- - - - - - - - -

Table IV summarizes trend analyses of subjective interview ratings made by paraprofessional trainees and clients. The counselors rated themselves as significantly improved on the CES and Behavioral Inventory. More valuable are the clients' ratings of the interview. Here it may be found that the clients' ratings of the counselors on the CES did not improve during the three rating periods. However, when clients rated their counselors on the Behavioral Inventory, a significant difference at the .05 level was found. Significant subject variability was found on all preceeding scales except the Behavioral Inventory.

- - - - - - - - -

INSERT TABLE IV ABOUT HERE

- - - - - - - - -

The activities of the paraprofessional trainees in the community are outlined in Table V. Due to present interagency concerns, the total number of clients seen is not available. However, the clientele of the trainees varied widely in age and had problem areas wider in scope than drugs. About half the clients were seen for one interview only. A number of referrals of varying types were made.

INSERT TAJ .E V ABOUT HERE

Selected items from the community interviews with the funding agencies are presented in Table VI and afford useful additional data for further interpretation of the above information.

INSERT TABLE VI ABOUT HERE

Discussion

The data presented in this study speaks to the issue of a broadly based evaluation of community action oriented research. The most significant aspect of the work is that it attempted to breech the gap between theory and practice, between the rhetoric and the reality of practical experience. The variety and dimensions of such projects make evaluation difficult at best; nevertheless, it is within the community where problems arise and where they must be solved (Shore and Mannino, 1968). The complexity of the problems involved in community action research is reflected in the manner in which this study has been designed. Three main areas of concern were identified as follows: 1) the trainees' knowledge and attitudes about drugs; 2) the

trainees' ability to develop counseling skills; and 3) the use and acceptance of the trainees in the community. Though each area was independent in terms of learning and application, all three had to be operational for the program to be considered successful.

With regard to the trainees' ability to acquire adequate knowledge of drugs in order to talk intelligently to the parent-client, the data is significant although not surprising, since the trainees were highly motivated and willing to do "their homework" in order to fulfill the expectation of the training. As for the semantic differential on attitudes toward drugs, the data was contrary to expectations. The review of the literature on drug education programs, revealed almost no evaluation studies of the change in attitudes toward drugs after drug education programs. However, a study done by Swisher and Hormant (1968) indicated that not only did the participants increase their knowledge of drugs significantly but they also altered their attitudes in a more favorable direction toward marijuana.

Speculation as to why the participants in the current study showed no change in attitudes centers around the time of testing. The testing was done after the encounter experience had ended; because the encounter was built around looking at values and attitudes towards drugs, any changes which may have occurred may have taken place then. In

addition, the wrong question may have been asked; perhaps the semantic differential should have dealt more with the trainees' attitudes toward users of drugs rather than on their own attitudes.

Another speculation with regard to attitudinal change was that the training was focused on human relations training rather than an issue of drug abuse. Interestingly enough, after the seven-month follow-up, some of the trainees felt that there might have been more of a focus on drugs and what the drug experiences were like. As a result, two of the trainees became interested enough in the issue of drug use that they participated in the drug education program given by the state for law enforcement officers. Though this program was open to the public, it was the first time that any public citizen had participated in this particular program. The two trainees reported back to the entire group the learnings in this program.

Another interesting aspect of the drug-focused phase of the study was that, although the semantic differential indicated no change in the positive direction toward drugs on the part of the trainees, the trainees felt that their community peers looked upon them as being more accepting of drugs by virtue of their having been in the program.

With regard to the data on the acquisition of counseling skills, perhaps the most important finding is in the

client changes. As a result of the verbal leads of the trainees, the client continually focused more on himself and his own feelings rather than on external data such as drugs per se, other people's attitudes, etc. In a more detailed breakdown of the data, significance at the .01 level was established in the pre- and post-test period with regard to client responses and remained at the .01 level over the seven-month follow-up.

The effect of the skill training on the counselor-trainee presented some interesting findings. First, as a result of training, the counselor appeared to focus more on the client and his feelings and less on the external issues, such as drug use, etc. Since the training emphasized the necessity of focusing on the feelings of the client, this result was considered to be successful. It should be noted that the ability to focus on feeling was maintained seven months later. However, in addition, some negative aspects showed up in the post-testing, in that counselor behavior also included many fewer self-references, a less spontaneous and a consciously more reasoned response to the client, and presented a kind of "awkward" professional facade--reminisent of the story of the centipede who, when asked how he managed to coordinate his one hundred legs, lost his grace and smoothness when he had to think about how he did it. Seven months after training ended, the delay testing revealed that the counselor-trainees had returned to

their pre-testing behavior--perhaps they stopped thinking about how they did it and just did it--then returned to a more natural and warmer and less self-conscious response to client concerns. In brief, one might speculate that during training the trainee saw himself more as a "professional" and less as a "helping neighbor," (but seven months later he was once again the "helping neighbor").

With regard to the skill categories, change was found only in the areas in which the skills were taught. IT was used as the rating vehicle to see if trainees would utilize in their repertoire the reading materials on other skills not specifically taught, but significant change was found only in the skills actually taught within the training program. In breaking down the data in the skill categories, it was again interesting to note that significance at the .05 level was indicated during the pre-testing and the delay testing with regard to sharing of feelings. Again one can speculate that the trainees saw themselves as less professional once training was over but continued using their skills in a friendly and helping, less sophisticated, manner after training. Since research has shown some of the delitorious effects of training (Carkhuff and Eysench), it would indeed be significant if the microcounseling skill approach could enhance authenticity and spontaniety, which have been identified as unique and helpful qualities of the

nonprofessional, rather than decrease such qualities in the course of training. Further research must be done before such speculation can be validated.

Again it is important to note that the trainee-leads did, indeed, affect the client responses and that these same leads become effective tools for the trainees to employ when working in the community as discussion or group leaders. For example, as noted earlier, the trainees were viewed by the community as being liberal with regard to drugs; frequently, this lead to their being attacked by participants in discussion groups. The trainees used the open ended type of question and the reflection of feelings in a manner which allowed open interaction and not defensive "lose-win dialogue" which frequently is the pattern of discussion on controversial issues.

To investigate the counselor's performance with respect to the amount of time he talked, five minutes of each of 3 of his interviews was recorded. A trend analysis showed no significant changes in the amount of talk time during each 5-minute segment. Ivey et al. (1968) and Aldridge (1971) had noted a decrease in percentage of talk time, where as Moreland (1971) found no significant change. In this study, it is difficult to assess why there was no difference in rate of talk time; however, when the data was analyzed by individual operant charts, significant difference was noted

at the .01 level among some of the trainees. Obviously, further research into the relevance and impact of the counselor's talk time is necessary.

The Counselor Effectiveness Scale, as well as the Behavior of Interviewers, addressed itself to the issue of skill acquisition. In the case of the CES, the only significance was seen in the counselor rating of himself and not in the client's evaluation of the counselor. This may be due to the fact that the CES has been found to work only with short term change (Ivey, 1971). In the BI scale, significance at the .01 level was found when the counselor rated himself and at the .05 level when the client rated the counselor. The interesting aspect of the data was that on all the other scales the subjects were significantly different from each other, whereas on the BI scale the subjects all looked alike when evaluating behaviors. It would appear that behaviors are freer of subjective bias than are attitudes, both as perceived by others and by oneself. This finding would suggest further study and evaluation under more controlled conditions than within the diffuse structure of action oriented projects.

In spite of the diffusion of the study, the counseling research was essentially a laboratory design. While the client-subjects appeared to function as regular clients, the laboratory is not a typical counseling environment because

each was instructed as to the content of the interview; i.e., attitudes and feelings toward drugs. It is not possible to determine conclusively whether the trainees transferred the skills learned in microcounseling to actual counseling activities performed in the field. In an effort to affect transfer ability, the trainees were given a form after each field counseling session to evaluate themselves on the skills learned during training. However, although these evaluations were subjective and thus questionable, the forms did serve as a supportive reminder to the trainees.

The third area of data collected for this study was the actual effectiveness, or employability, of the trainees and the attitudes of the funding agency toward the project seven months later. Table V reflects the type of activity the trainees found themselves involved in and also reflects the concern the trainees have with regard to how they are viewed by the funding agency. The data are reported in percentages because of the trainees' concern that the funding agency would view the program only in terms of "head count" rather than in terms of both "head count" and the potential for change in regard to mental health service delivery.

Although at the start of the program, neither the funding agency nor the trainees viewed themselves as change agents, they fulfilled this function by virtue of the nature of the program itself. In time the trainees recognized and

accepted this role for themselves, but it is questionable whether or not the citizen funding agency did. Despite the role of change agent the agency actually played, and despite the fact they did indicate a willingness to fund the project again for a subsequent year, their concomitant behavior indicates a refusal to recognize and accept this new role of change agent for either the trainees or themselves; they have not made any referrals to the counselor-trainees. This brings into focus the question of whether indeed advocates of paraprofessionals, such as this funding agency, really believe in these nonprofessionals or simply say they do, even when they are willing to fund the program for a second year. This intention seems almost a replay of one of Berne's games, to wit, "I'll agree to help you if you don't make me help you."

Question four on the same table indicates a lack of communication between the funding agency and the trainees; a common phenomenon of who's in charge. However, at the time of writing,this gap is being bridged by the trainees who are arranging a meeting at which a report on the activities of the trainees will be presented in terms of percentages.

With regard to the activities of the aides, the table indicates that the trainees were consulted on problems other then just drug-related concerns, and one could speculate that they would be continued to be used in a variety of

social problem areas. The training, which focused on making the trainees more effective helpers with a specific human problem, would appear to have been appropriate training for the wide areas of concern they actually dealt with.

It is the contention of the writer that the project is operational now in spite of limited community support, because of the cohesiveness of the trainee group after training. This group solidarity and support was not an accident but was built into the design. The training activities, whether skills related or attitudinal related, allowed for constant interaction between the participants. If the program has survived it is indeed because of the efforts and support of the trainees toward one another. In fact, when the members of the funding agency were asked what they felt was the reason for any success of the program within the community, each one answered that it was because of the enthusiasm and ability of the aides to stay with the program. It has been said that the community is as difficult to define and describe as the sea (Shore and Mannino, 1969) and that its sanctions and its supports, its needs and resistances, create not only frustration but also variety. Through field studies such as this, we can focus upon its rich emerging perspectives and its variety, checking out our theories and evaluating our approaches.

The study provided a substantial amount of subjective

data, particularly in the case of the trainees' evaluation as to the methodology of training and its overall effects on them. The trainees evaluated the encounter experience as the single most memorable aspect of the training, with attending behavior and reflection of feelings the second most important area of training. In addition, they described the training as having affected both their professional lives and personal lives in a highly meaningful and successful way. One trainee felt that, as a result of the training, she was able to talk with her college son for the first time about drugs and his value system. Another trainee felt that he had become more effective in dealing with his professional clients in a helpful and open manner. Each of the trainees felt that even if the program did not succeed in the community, they themselves had successfully completed the training program and were far better listeners in their daily lives.

With respect to the limitations of the study, the number of subjects used (14 men and women) was limited; in addition, each of the 14 varied considerably from each other in terms of age, educational level completed, work experience, knowledge of and attitudes towards drugs, ability to communicate with others, style of interpersonal communication, leadership quality, etc. Perhaps it would have been more appropriate to use individual operant charts of behaviors as a means of evaluation of the individual trainees. For

example, two trainees had almost identical talk time but used very different leads, one primarily "feeling focus" and the other "closed ended feeling questions." The first trainee's client responded primarily with "feelings," whereas the other trainee's client responded primarily with "information-feelings" responses. On the CES, the clients were not able to significantly discriminate between counselors, but with the use of the BI they were able to detect differences in such aspects as tenseness, eye contact, etc., over the three testing periods.

Another limitation of the study was the necessity of designing the model for a sixty-hour training program. This time-limit was part of the contract and was used more to insure competitiveness in bidding then it was based on sound training philosophy. This issue brings into focus the ethical question of workshop training and its validity. The workshop has been an innovative and creative approach to training in human relations' skills. If research and evaluation is built in, contractual bidding could prove to be a valuable incentive for bringing about constructive change in training programs and yet not create ethical handicaps or limitations.

Another limitation would appear to be the inability to determine exactly what brought about the changes identified. The only data we have is the information from, and subjective

evaluation of, the trainees with respect to how they perceived the impact of the program on them....a questionable tool at best. Finally, the absence of a control group is usually considered a major limitation. However, if action research--with or without a control group--is to be considered acceptable, it must be valued for its major contribution: reality based social research which can give insight and needed assistance to those in applied work by identifying practices which have been useful and practices which have been of little value. Such research can also function as a sifting mechanism to identify areas which need more detailed and controlled attention.

As graduate students in the fields of psychology, education, and sociology put pressure upon the faculty to broaden the concept of research, systematic evaluation of action projects will find their way into the literature. Not only do such projects provide exciting and interesting research for the graduate student, they also can provide a relatively inexpensive means of evaluation; thereby providing a service to the community as well as to the social sciences. Research is a continuum: at one end, the controlled environment which theorizes on the phenomenology of man and his environment; at the other, diffuse humanitarian ideology; and in the middle, action research.

In summary, it is apparent that the nonprofessional--

adequately trained--can occupy an important place in the field of mental health and can make a considerable contribution to the community. The introduction and utilization of the non-professional have generated a number of key concerns, two of which were considered in this study--training and the organization of delivery of service. The data would indicate success with regard to the issue of training. The issue of delivery remains only partially answered in the affirmative. It will be yet another year before we can determine how impactful the program has been. The trainees in this program are challenging human service practices. They are in a position to effect change, but whether community attitudes, professional exclusivity, and their own strength in the face of great odds will permit them to do so is yet unclear.

FIGURE I

Summary of Training Program and Evaluation Design

Twenty Hours	2 Hours	Thirty-five Hours	5 Hours	1 Hour	7 Months	2 Hours
STRUCTURED ENCOUNTER	PRE-TESTING	Training in... Microcounseling Skills Drug Information Attitude Awareness Team Building Development of Peer Supervision Groups	PRACTICUM	POST-TESTING	COMMUNITY EXPOSURE	POST-TESTING

TABLE I

TREND ANALYSIS FOR DRUG QUESTIONNAIRE
TRAINEE'S KNOWLEDGE TOWARD DRUGS

Source	df	MS	F	Trial Means 1	2	3
Drug Questionnaire						
Trials	2	112.50	11.88**	12.64	7.29	8.36
Subjects	13	33.15	3.50**			
S x T (Error)	26	9.47				
	Standard Deviations			4.87	3.98	3.52
Semantic Differential Reflecting Attitudes Toward Drugs						
Trials	2	1187.64	2.01	239.35	222.14	236.42
Subjects	13	1901.72	3.22**			
S x T (Error)	26	590.54				
	Standard Deviations			34.1	40.0	17.5

* p .05
** p .01

TABLE II

CATEGORY OF COUNSELOR LEADS

Focus of Counseling Lead	Actual				Expected			X^2	Conf. Level
	Pre	Post	Delay	Total	Pre	Post	Delay		
Self	23	9	28	60	20	20	20	9.7	.01
Client	74	129	91	294	101	98	95	17.2	.01
Topic	54	9	24	87	30	29	28	33.6	.01
TOTAL	151	147	143	441	151	147	143		
Closed Info.	41	18	15	74	27	24	23	11.6	.01
Closed Feelings	10	28	6	44	16	14	14	20.9	.01
Open Info.	27	12	17	56	20	18	18	4.6	NS
Open Feelings	21	28	22	71	26	23	22	2.1	NS
Reflecting Feelings	4	12	16	32	12	10	10	9.3	.01
Paraphrase	5	9	5	19	7	6	6	2.3	NS
Summary	14	13	12	39	14	13	12	0	NS
Sharing Counselor's Feelings	19	12	24	55	20	18	17	5.0	NS
Giving Info.	23	10	19	52	19	17	16	4.3	NS
Cognitive Restric-tures	19	21	22	62	22	20	20	.7	NS
TOTAL	183	183	158	504	183	163	158		

TABLE III

CATEGORY OF CLIENT VERBAL RESPONSE

Focus of Client Statement	Actual				Expected			X^2	Conf. Level
	Pre	Post	Delay	Total	Pre	Post	Delay		
Self	74	110	103	287	99	95	93	9.8	.01
Counselor	11	13	14	38	13	13	12	.8	NS
Topic	67	23	26	116	40	38	38	11.5	.01
Total	152	146	143	441	152	146	143		
Categories									
Information	56	38	38	132	45	44	45	4.1	NS
Feelings	15	40	42	97	34	32	31	16.5	.01
Information & Feelings	81	68	63	212	73	70	69	1.5	NS
	152	146	143	441	152	146	143		

32

TABLE IV

TREND ANALYSES FOR COUNSELOR AND CLIENT SUBJECTIVE EVALUATIONS OF INTERVIEWING EFFECTIVENESS

Source	df	MS	F	Trial Means 1	2	3
Counselor Self-Rating on CES						
Trials	2	1364.74	13.47**	124.0	143.7	135.6
Subjects	13	792.96	7.82**			
Error	26	101.33				
	Standard Deviations			20.9	15.1	18.0
Counselor Self-Rating on Behavioral Inventory						
Trials	2	272.31	9.65**	56.2	65.0	61.3
Subjects	13	95.51	3.39**			
Error	26	28.21				
	Standard Deviations			8.0	6.26	6.87
Client's Rating of Interview on CES						
Trials	2	228.67	1.3	152.1	160.1	155.1
Subjects	13	398.65	2.41			
Error	26	164.95				
	Standard Deviations			18.04	13.3	14.9
Client's Rating of Interview on B.I.						
Trials	2	127.36	4.05*	67.5	73.5	69.7
Subjects	13	44.85	1.42			
Error	26	31.43				
	Standard Deviations			6.6	4.0	6.92

* p .05
** p .01

TABLE V

ACTIVITY OF AIDES IN COMMUNITY IN PERCENTAGES

Age of Client	%
Teens	10
20's	15
30's	15
40's	47
50's	11
Older	2

Problem Areas (More Than One May Be Checked)	%
Drugs	75
Pregnancies	6
Parent/Child Conflict	55
Marital	30
Concerns About Self (Adult)	30
Concerns About Self (Youth)	30

Length of Contact	%
Less Then 1 Hour	25
1-2 Hours	65
More Than 2 Hours	10

Follow-up	%
Telephone Follow-up	25
Personal Follow-up	25
One Interview Only	50

Referrals (60% of Cases Referrals)	%
Counseling	40
Books	14
School Community Services	20
M.D.	9
Misc.	17

34

TABLE VI

SELECTED ITEMS FROM STRUCTURED MEMBERS OF FUNDING AGENCY

1. The idea of using paraprofessional is a new idea. How would you say you feel about such an approach?

   Enthusiastic 7 , Supportive but not enthusiastic 7 , Supportive with Reservations 8 , Strong Reservations ___, Don't Support ___

2. In general, how would you say the community feels about paraprofessionals?

   Enthusiastic 1 , Supportive but not enthusiastic 2 , Supportive with Reservations 8 , Strong Reservation ___, Don't Support 2 , Don't Know 2

3. In considering the role you have played in relation to the Community Aide Program, do you feel as a commission member you have been helpful?

   Helpful: Yes 6 , No 7 , Somewhat 9
   Kept Well Informed: Yes 7 , No 11, Somewhat 4

4. In general would you say that the Community Aides have met their responsibilities?

   Well 2 , Fairly Well 3 , Poorly ___, Don't Know 17

5. In general, would you say that the Community Aide Program has been successful?

   Very Successful ___, Somewhat Successful 7 , Not Successful ___, Don't Know 15

6. Would you make the decision to fund a Community Aide Program again if you had the opportunity?

   Yes 16, Probably 5 , Maybe 2 , No 1

7. Have you referred anyone to the Community Aides? Yes 1 , No 22

Bibliography

Berne, E. Games People Play: Psychology of Human Relations. New York: Grove Press, 1964

Biddle, W. & Biddle, L. Encouraging Community Development: A Training Guide for Local Workers. New York: Holt, Rinehart & Winston, 1968.

Carkhuff, R. R. The Development of Human Resources. New York: Holt, Rinehart & Winston, 1971.

Carkhuff, R. R. & Truax, C. B. Lay Mental Health Counseling: The Effects of Lay Group Counseling. Journal of Counseling Psychology, 1965, 29, 426-431.

Carkhuff, R. R. & Truax, C. Training in Counseling and Psychotherapy: An Evaluation of an Integrated Didactic and Experiential Approach. Journal of Consulting Psychology, 1965, 29, 333-336.

Chesler, M. Teacher Training Designs for Improving Instruction in Interracial Classroom. Journal of Applied Behavioral Science, 1971, 7, 548-556.

Cowen, E. L., Gardner, E. & Zax, M. Emergent Approaches to Mental Health Problems. New York: Meredith Publishing Co., 1967.

Eysench, H. Uses and Abuses of Psychology. Great Britain: Pelican Book, 1953.

Gibb, J. R. & L. M. Role Freedom in a TORI Group. In A. Burton (Ed), Encounter: The Theory and Practice of Encounter Groups. San Francisco: Jossey-Bass Publishing, 1969.

Haase, R., DeMattia, D. & Guttman, M. Training of Support Personnel in Human Relations Skills: A Systematic One Year Follow-up. Unpublished paper, Amherst, University of Massachusetts, 1970.

Ivey, A., Normington, C., Miller, C., Morril, W. & Haase, R. Microcounseling and Attending Behavior: An Approach to Prepracticum Counselor Training. Journal of Counseling Psychology, 1968, 15, Part II. Monograph Supplement.

Ivey, A. Microcounseling: Innovations in Interviewing Training. Springfield, Illinois: Charles C. Thomas, 1971.

Ivey, A. & Rollin, S. A Behavioral Objectives Curriculum in Human Relations. Journal of Teacher Education (in press).

Kelley, J. The Use of Reinforcement in Microcounseling. Unpublished paper, Atlanta, Georgia State University, 1970.

Klein, D. Community Dynamics and Mental Health. New York: John Wiley & Sons, 1968.

Magoon, T., Golann, S. & Freeman, R. W. Mental Health Counselors at Work. New York: Pergamon Press, 1969.

Moreland, J. Video Programmed Instruction in Elementary Psychotherapeutic and Related Clinical Skills. Unpublished dissertation, Amherst, University of Massachusetts, 1971.

Poser, E. The Effect of Therapists' Training on Group Therapeutic Outcome. American Psychological Association, 1966, 30, 283-289.

Rioch, M., Elkes, C. & Flint, A. Pilot Project in Training Mental Health Counselors. Report No. 1254, 1965, National Institute of Mental Health.

Sower, C., et al. Community Involvement. Glencoe, Illinois: The Free Press, 1957.

Stollak, G. The Experimental Effects of Training College Students as Play Therapists, 1967. Cited by B. Guerney, Psychotherapeutic Agents: New Roles for Nonprofessionals, Parents, and Teachers. New York: Holt, Rinehart & Winston, 1969.

Stover, L. & Guerney, B. The Efficacy of Training Procedures for Mothers in Filian Therapy. Psychotherapy: Theory, Research and Practice, 1967, 4, 110-115.

Swisher, J. & Horman, R. Evaluation of Temple University's Drug Abuse Prevention Program. Department of Justice, September 1968.